## CITY OF CHICOPEE

## SENIOR-SURVIVING SPOUSE OR MINOR

## FISCAL YEAR 2020 APPLICATION FOR STATUTORY EXEMPTION General Laws Chapter 59, § 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION (See General Laws Chapter 59, § 60)

Return to: Board of Assessors - 274 Front St. - Chicopee, MA 01013

Must be filed with assessors on or before April 1, or 3 months after actual tax bills are mailed for the fiscal year.

**INSTRUCTIONS:** Complete all sections that apply. If you qualify under more than one category, you will receive the exemption that provides the greatest amount of assistance. Please print or type.

**A. IDENTIFICATION**. Complete this section fully.

NT- man of A multi-scale							
Name of Applicant							
Telephone Number		Marital Status					
Legal Residence (Domicile)	on July 1, 2019	Mailing Address (If different)					
No. Street	City/Town Zip Coo	de					
Location of Property: No. of Dwelling Units: 1 \(\sigma 2 \square 3 \square 4 \square Other \)							
Did you own the property on July 1, 2019? Yes□ No□							
If yes, were you: Sole Owner□ Co-owner with Spouse Only□ Co-owner with Others□							
Was the property subject to a trust as of July 1, 2019? Yes□ No□  If yes, please attach trust instrument including all schedules.							
Have you been granted any exemption in any other city or town (MA or other) for this year? Yes□ No□ If yes, name of city or town Amount exempted \$							
DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)							
Ownership	GRANTED	Assessed Tax \$					
Occupancy $\square$	DENIED $\square$	Exempted Tax \$					
Status	DEEMED DENIED $\square$	Adjusted Tax \$					
Income							
Assets		Board of Assessors					
Date Voted/Deemed Denied							
Certificate No.							
Date Cert./Notice Sent							
Evenntion: Clause		Date:					

B. EXEMPTION STATUS. Check each sta	atus that applies to you and complete the	e questions th	at follo	w.		
SURVIVING SPOUSE	Deceased Spouse's  Date of Death					
☐ MINOR WITH PARENT DECEASED	Have you remarried? Yes No If yes, date of remarriage Deceased Parent's Name Date of Death					
If first year of application, attach a copy of a Are you a surviving spouse or a minor chil IF NO, AND NO If yes, and this is the first year of application.	ld of a firefighter or a police officer killed OTHER STATUS APPLIES TO YOU, G					
GO ON TO SECTION E						
☐ SENIOR 70 OR OLDER (65 or older by local option - See Assessors) Date of Birth						
If first year of application, attach copy of birth certificate.						
Have you owned and occupied the property as your domicile for at least 11 years? Yes No (6 years if local option under Clause 41C½ adopted – See Assessors)  If no, list the other properties you owned and/or occupied during the past 11 years (6 years If local option under Clause 41C½ adopted – See Assessors)						
Address		Dates		Owned Occupied		
Continue list on attachment in same format as necessary.						
	GO ON TO SECTION C					
C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR. Complete this section if you are a senior. Copies of your federal and state income tax returns, and other documentation, may be requested to verify your income.						
INCLUDE ALL GROSS I	NCOME FROM <u>2018</u> .	Applicar		Co-owner(s) &		
Retirement Benefits (Social Security, Railroad, I	Federal, MA & Political Subdivisions)	Spous	e	Spouse(s)		
Other Pensions and Retirement Allowances.						
Wages, Salaries and other Compensation						
Net Profits from business, Profession or Proper	ty Rental					
Interest and Dividends						
Other Receipts (Capital Gains, Public Assistance	e, etc.)					
	TOTALS					
GO ON TO SECTION D						

assets.						
Real Estate	Assessed Valuation	Amount Due on Mortgage	Value			
Domicile .						
Offici .		ALUES AS OF JULY 1, 2019				
<b>Personal Estate</b>						
	Bank Accounts: Name & Address of Ban					
	Stocks, Bonds, Securities, etc.: Description & Amount					
	Motor Vehicles & Trailers: Year, Make & Model					
	-					
	Other Non-exempt Personal Property: K					
		TOTAL				
	GOTO	SECTION E				
		2012112				
	<b>RE</b> . Sign here to complete the application.					
		Under the pains and penalties of perjury, I d npanying documents and statements are tru				
complete.	wiedge and belier, this return and all accor	npanying documents and statements are tru	ie, correct and			
Signat	ure	Date				
If signed by ag	ent, attach copy of written authorization to	sign on behalf of taxpayer.				
	* *	* *				

D. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR. Documentation may be requested to verify your

## TAXPAYER INFORMATION ABOUT PERSONAL EXEMPTIONS

**PERSONAL EXEMPTIONS.** You may be eligible to reduce all or a portion of the taxes assessed on your domicile if you meet the qualifications for one of the personal exemptions allowed under Massachusetts law. Qualifications vary, but generally relate to age, ownership, residency, disability, income or assets.

You may be eligible for an exemption if you fall into any of these categories:

- Legally blind person
- Veteran with a service-connected disability
- Surviving spouse of a servicemember or national guard member who died in combat or from combat injury or disease
- Surviving spouse
- Minor child of a deceased parent
- Senior citizen age 70 and older (65 and older by local option)

More detailed information about the qualifications for each exemption may be obtained from your board of assessors.

**WHO MAY FILE AN APPLICATION.** You may file an application if you meet all qualifications for a personal exemption as of July 1. You may also apply if you are the administrator or executor of a person who qualified for a personal exemption on July 1.

WHEN AND WHERE APPLICATION MUST BE FILED. Your application must be filed with the assessors on or before April 1, or 3 months after the actual bills were mailed for the fiscal year, whichever is later. An application is filed when (1) received by the assessors on or before the filing deadline, or (2) mailed by United States mail, first class postage prepaid, to the proper address of the assessors, on or before the filing deadline, as shown by a postmark made by the United States Postal Service. THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE ASSESSORS FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, YOU LOSE ALL RIGHTS TO AN EXEMPTION AND THE ASSESSORS CANNOT BY LAW GRANT YOU ONE.

**PAYMENT OF TAX.** Filing an application does not stay the collection of your taxes. In some cases, you must pay the tax when due to appeal the assessors' disposition of your application. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. If an exemption is granted and you have already paid the entire year's tax as exempted, you will receive a refund of any overpayment.

**ASSESSORS DISPOSITION.** Upon applying for an exemption, you may be required to provide the assessors with further information and supporting documentation to establish your eligibility. The assessors have 3 months from the date your application is filed to act on it unless you agree in writing before that period expires to extend it for a specific time. If the assessors do not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether an exemption has been granted or denied.

**APPEAL.** You may appeal the disposition of your application to the Appellate Tax Board, or if applicable, the County Commissioners. The appeal must be filed within 3 months of the date the assessors acted on your application, or the date your application was deemed denied, whichever is applicable. The disposition notice will provide you with further information about the appeal procedure and deadline.